

The Company
UNITED STATES
SECURITIES AND EXCHANGE
COMMISSION
Washington, D.C. 20549

JOINT FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING
FXEMPTION

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OMB Number: 3235-0076 Expires: May 31, 2005

Estimated average burden

**SEC USE ONLY** 

Serial

hours per response. . 1

Prefix

	EXEMPTION		
Name of Offering ( check if this is an ame Unit Offering	endment and name has changed, and indicate change)		
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule	506 Section 4(6) ULOE	
Type of Filing: New Filing An	nendment		
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the is			
Name of Issuer ( check if this is an ame UBIQUITEL INC.	endment and name has changed, and indicate change.	03017403	
Address of Executive Offices One West Elm Street, Suite 400	(Number and Street, City, State, Zip Code) Conshohocken, PA 19428	Telephone Number (Including Area Code) (610) 832-3300	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code) N/A	Telephone Number (Including Area Code) N/A	
Brief Description of Business	See Preamble hereto.	PROCESSE	
Type of Business Organization			
□ corporation     □ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed☐	other (please specify): \ MAR 1 9 2003	
Actual or Estimated Date of Incorporation or Gurisdiction of Incorporation or Organization: CN for Canada; FN for other foreign jurisdicti	(Enter two-letter U.S. Postal Service abbreviation for	THOMSON  ☐ Estimated FINANCIAL  or State:  D E	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

## Operating Company UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response. . 1

# JOINT FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Serial					
1					
DATE RECEIVED					

				<u> </u>				
Name of Offering ( check if this is an ame Unit Offering	ndment and name h	as changed, and ind	cate change)					
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	⊠ Rule 5	06 🔲 S	Section 4(6)	ULOE		
Type of Filing: New Filing An	nendment							
	A. BASIC	IDENTIFICATIO	N DATA					
2. Enter the information requested about the i	ssuer							
Name of Issuer ( check if this is an ame UBIQUITEL OPERATING COMPANY	ndment and name h	as changed, and ind	cate change.)					
Address of Executive Offices	(Number and S	(Number and Street, City, State, Zip Code)			Telephone Number (Including Area Code)			
One West Elm Street, Suite 400	Conshohocken	Conshohocken, PA 19428			(610) 832-3300			
Address of Principal Business Operations	(Number and S	(Number and Street, City, State, Zip Code)			Telephone Number (Including Area Code) N/A			
(if different from Executive Offices)	N/A	N/A						
Brief Description of Business								
	S	ee Preamble hereto.						
Type of Business Organization								
□ corporation     □	limited part	nership, already for	ned	other (ple	ease specify):			
business trust	limited part	nership, to be forme	d					
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization: CN for Canada: FN for other foreign jurisdictions	(Enter two-letter U	Month 2 S. Postal Service al	ا لسنانہ	Actual State:	☐ Estimat	ted D	Е	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

## VIA Holding UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response. . 1

JOINT FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING
EXEMPTION

SEC US	SEC USE ONLY				
Prefix	Serial				
	1				
DATER	ECEIVED				

Name of Official ( about 16th is is a see		-)			
Unit Offering	endment and name has changed, and indicate chang	e)			
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule	e 506 Section 4(6) ULOE			
Type of Filing: New Filing A	nendment				
	A. BASIC IDENTIFICATION DATA				
2. Enter the information requested about the i	ssuer				
Name of Issuer ( check if this is an amo	endment and name has changed, and indicate change	e.)			
VIA Holding Inc.					
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
One West Elm Street, Suite 400 Conshohocken, PA 19428 (610) 832-3300					
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
6781 North Palm	Fresno, CA 93704				
Brief Description of Business					
	See Preamble hereto.				
Type of Business Organization					
corporation	limited partnership, already formed	other (please specify):			
business trust	☐ limited partnership, to be formed				
	Month Year				
Actual or Estimated Date of Incorporation or	Organization: 04 8 4				
•	(Enter two-letter U.S. Postal Service abbreviation	for State:			
CN for Canada: FN for other foreign jurisdict		C A			

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

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#### **ATTENTION**

## VIA Wireless UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response. . 1

JOINT FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING
EXEMPTION

SEC USE ONLY					
Prefix	Serial				
1					
DATE RECEIVED					

				ا				
Name of Offering ( check if this is an amen Unit Offering	dment and name h	as changed, and ind	cate change)					
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	⊠ Rule 50	6 🔲 S	ection 4(6)	ULOE		
Type of Filing: New Filing Ame	endment							
•	A. BASIC	<b>IDENTIFICATIO</b>	N DATA					
2. Enter the information requested about the iss	suer							
Name of Issuer ( check if this is an amen	dment and name h	as changed, and ind	cate change.)					
Address of Executive Offices	(Number and S	(Number and Street, City, State, Zip Code)			Telephone Number (Including Area Code)			
One West Elm Street, Suite 400	Conshohocken, PA 19428 (610) 832-3300							
Address of Principal Business Operations 6781 North Palm	(Number and S Fresno, CA 93'	treet, City, State, Zi 704	Code)	Telephone Number (Including Area Code)			de)	
Brief Description of Business								
	S	ee Preamble hereto.						
Type of Business Organization								
corporation	limited part	nership, already fori	ned	other (ple	ease specify)*:			
business trust	limited part	nership, to be forme	d	*limited liab	ility company			
Actual or Estimated Date of Incorporation or O  Jurisdiction of Incorporation or Organization:  CN for Canada: FN for other foreign jurisdiction	Enter two-letter U	Month 04 S. Postal Service at		☑ Actual State:	☐ Estimate	ed C	A	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

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#### **ATTENTION**

## VIA Building UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response. . 1

#### JOINT FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	Serial				
DATE R	ECEIVED				
1					

Name of Offering ( check if this is an amend Unit Offering	dment and name ha	s changed, and ind	cate change)	·			
Filing Under (Check box(es) that apply):	Rule 504	☐ Rule 505	⊠ Rule 5	06 🔲 :	Section 4(6)	ULOE	
Type of Filing: New Filing Ame	ndment						
	A. BASIC I	DENTIFICATIO	N DATA				
2. Enter the information requested about the iss	uer				· · · · · · · · · · · · · · · · · · ·		
Name of Issuer (☐ check if this is an amend VIA Building, LLC	dment and name ha	s changed, and ind	cate change.)				
Address of Executive Offices One West Elm Street, Suite 400	(Number and Street, City, State, Zip Code) Conshohocken, PA 19428			Telephone Number (Including Area Code) (610) 832-3300			
Address of Principal Business Operations 6781 North Palm	(Number and St Fresno, CA 937	reet, City, State, Zi 04	Code)	Telephone Number (Including Area Code)			de)
Brief Description of Business	Se	e Preamble hereto.					
Type of Business Organization			×				
☐ corporation	limited partr	ership, already for	ned	🛛 other (pl	lease specify)*:	•	
□ business trust □ limited partnership, to be formed *limited liability company							
Actual or Estimated Date of Incorporation or Or Jurisdiction of Incorporation or Organization: ( CN for Canada: FN for other foreign jurisdiction)	Enter two-letter U.	Month 12 S. Postal Service al		Actual State:	☐ Estimat	ted N	v

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

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Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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**ATTENTION** 

#### The Company

#### A. BASIC IDENTIFICATION DATA

- 3. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officers and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.					
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			•
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Russell, Dean E.					
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Volk, James J.					
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)	9			
Knese, Patricia E.					
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Toll, Bruce E.					
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
3103 Philmont Avenue, Hun	tingdon, PA 19006				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Lucas, Peter					
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
e/o CBT Wireless Investmen	its, L.L.C., 1733 H S	treet, #330-141, Blaine, WA 98	230		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Walter, Joseph N.					
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			,

The Company

		A. BASIC IDENT	IFICATION DATA		
516 36th Avenue East, Seattle					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Trkla, Eve M.					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
55 Tozer Road, Beverly, MA	01915				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Boos, Matthew J.	,				•
Business or Residence Addres	s (Number and Street	City. State. Zip Code)	<del></del>		
		01, P.O. Box 21, O'Neals, CA	93645		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or
Check Dox(w) that rippiy.	_ romote	Denemeral Owner	Dateurive Onices	Z. Director	Managing Partner
Full Name (Last name first, if	individual)				
Berlacher, Robert A.	•		•		
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
		rst Avenue, Suite 600, King of	Prussia, PA 19406		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Blake, James E.	individual)				
Business or Residence Address	o Alumbar and Street	City State 7in Code)			
65 Baynard Park Road, Hilt	•				
		Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Check Box(es) that Apply:	Promoter	- Belieficial Owlier	☐ Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)		<del>, , , , , , , , , , , , , , , , , , , </del>	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)	•			
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			

### Operating Company

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.	<u> </u>				
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Russell, Dean E.	•				
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Volk, James J.				·	
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)	•		
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.			·		
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)		1911/4/1914	<u> </u>
		······			
	<i>a</i> : 11			_	

### VIA Holding

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.					
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428	•		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Russell, Dean E.					
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				-
Volk, James J.					
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.		·			
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)	70.		
					·

### VIA Wireless

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.					
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Russell, Dean E.					
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Volk, James J.					
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.			·		
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
					•
		<del></del>			

### VIA Building

		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Harris, Donald A.					
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)	:		
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				,
Russell, Dean E.					
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			•
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Volk, James J.					•
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Knese, Patricia E.					
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)	,		
One West Elm Street, Suite	400, Conshohocken,	PA 19428			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	t, City, State, Zip Code)	,		

#### **Operating Company and the Guarantors** B. INFORMATION ABOUT OFFERING No Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? ..... X Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?..... 3. Does the offering permit joint ownership of a single unit?..... Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ... States [AL] [ AK ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ DC ] [ FL ] [ GA ] [ HI ] [ ID ] [ IL ] [N][ IA ] [ KS ] [ KY ] [ LA ] [ ME ] [ MD ] [ MA ] [ MI ] [ MN ] [ MS ] [ MO ] [ OH ] [ OR ] [ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [ NY ] [ NC ] [ ND ] [ OK ] [ PA ] [ WY ] [ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ TV ] [ VA ] [ WA ] [ WV ] [ WI ] [ PR ] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... States [ AL ] [ AK ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ DC ] [ FL ] [ GA ] [ HI ] [ IL ] [ IN ] [ KS ] [ KY ] [ ME ] [ IA ] [ LA ] [ MD ] [ MA ] [ MI ] [ MN ] [ MS ] [ MO ] [ OK ] [ OR ] [ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [ NY ] [ NC ] [ ND ] [ OH ] [ PA ] [ RJ ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ TV ] [ VA ] [ WA] [ WV ] [ WI ] [ WY ] [ PR ] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... States [DC] [ AL ] [ AK ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ GA ] [ HI ] [ ID ] [ IN ] [ MA ] IL ] [KS] [ KY ] [ LA ] [ ME ] [ MD ] [ MI ] [ MN ] [ MS ] [ MO ] IA 1 [ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [ NY ] [ NC ] [ ND ] [ OH ] [ OK ] [ OR ] [ PA ] [ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ VT ] [ VA ] [ WA] [ WV ] [ WI] [ WY ] [ PR ]

### Operating Company and the Guarantors

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	F PRO	<u> DCEEDS</u>		
4.	Enter the aggregate offering price of securities included in this offering and the total number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	includy exchanged.		. aanaaata	* 4	aumé Alman
	Type of Security		Aggregate fering Price	"AM	ount Alread Sold
	Debt (Notes and Guarantees)	\$ <u>11,</u>	250,000 (1)	\$ <u>9,6</u>	36,000 (1)
	Equity	\$	-0-	\$	-0-
	☐ Common ☐ Preferred				
	Convertible Securities (Warrants)	\$ <u>11,2</u>	50,000 (1)	\$ <u>9,63</u>	36,000 (1)
	Partnership Interests	\$	0	\$	<u>-0-</u>
	Other (Specify)	\$	0	\$	-0-
	Total	\$	-0-	\$	-0
	*Indicates final amount sold as of the closing date, February 26, 2003.				
	(1) For the Units consisting of the Notes, Guarantees and Warrants as described in the Preamble to this Joint Form D.				
	Answer also in Appendix, Column 3, if filing under ULOE.				
5.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Num	ber Investors	A	regate Dolla mount of Purchases
	Accredited Investors		12	\$ <u>9,63</u>	6,000
	Non-accredited Investors		-0-		-0-
	Total (for filings under Rule 504 only)		N/A		<u>N/A</u>
,	Answer also in Appendix, Column 4, if filing under ULOE.				
6.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	i			
	Type of offering		Type of Security	Dol	lar Amoun Sold
	Rule 505			\$	
	Regulation A			\$	

	Total		\$
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ <u>150,000</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) "Blue sky" filing fees and registration expenses to be incurred in connection with registering for resale the shares of common stock underlying the warrants.	⊠	\$20,000
	Total	×	\$170.000

Operating Company and the Guarantors

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	)F PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>9,466,000</u>
8.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
		Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees	. 🗆 \$	□ \$ <u>-0-</u>
	Purchase of real estate	. 🗆 \$ <u>-0-</u>	\$0
	Purchase, rental or leasing and installation of machinery and equipment	\$0	\$0-
	Construction or leasing of plant buildings and facilities	\$0-	\$0-
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$0-	S0-
	Repayment of indebtedness*	<b>⋈</b> \$ <u>3,253,666</u>	<b></b> \$ <u>6,212,334</u>
	*To fund the cash portion of the exchange offer as described in the Preamble to this Joint Form D.  Working capital	\$0-	<b>\$0-</b>
	Other(specify):		
		\$0	□ \$ <u>-0-</u>
	Column Totals	\$3,253,666	<b></b> \$ <u>6,212,334</u>
	Total Payments Listed (column totals added)		<u>166,000</u>

#### Operating Company and the Guarantors

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Date Issuer (Print or Type) Signature UBIQUITEL INC. March 10, 2003 Title of Signer (Print or Type) Name of Signer (Print or Type) Chief Financial Officer James J. Volk Date Issuer (Print or Type) Signature UBIQUITEL OPERATING COMPANY March 10, 2003 Title of Signer (Print or Type) Name of Signer (Print or Type) Chief Financial Officer James J. Volk Issuer (Print or Type) Signature VIA HOLDING INC. March 10, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Office James J. Volk Issuer (Print or Type) Signature Date VIA WIRELESS LLC March 10, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Officer James J. Volk Date Issuer (Print or Type) Signature VIA BUILDING, LLC March 10, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) James J. Volk Chief Financial Officer

#### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	Operating Company and the Guarantors  E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned y authorized person.
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Issuer (Print or Type)	Signature	Date
UBIQUITEL INC.	1 dell	March 10, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	
Issuer (Print or Type)	Signature	Date
UBIQUITEL OPERATING COMPANY	delle	March 10, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	
Issuer (Print or Type)	Signature	Date
VIA HOLDING INC.	Jall	March 10, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	
Issuer (Print or Type)	Signature 1 1 1	Date
VIA WIRELESS LLC	J'este	March 10, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	
Issuer (Print or Type)	Signature 1 1	Date
VIA BUILDING, LLC	doll	March 10, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Volk	Chief Financial Officer	

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	Intend to sell to non-accredited investors in State (Part B-Item 1)		on-accredited investors in State Type of security and aggregate offering price offered in state		Type of investor and amount purchased n State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		х		-0-	\$ -0-	-0-	\$ -0-		x
AK		x		-0-	\$ -0-	-0-	\$ -0-		x
AZ		х		-0-	\$ -0-	-0-	\$ -0-		x
AR ·		х		-0-	\$ -0-	-0-	\$ -0-		х
CA		х	\$1,766,452 of Units consisting of Notes, Guarantees and Warrants	2	\$1,766,452	-0-	\$ -0-		x
со		х		-0-	\$ -0-	-0-	\$ -0-		х
ст		х		-0-	\$ -0-	-0-	\$ -0-		х
DE		x		-0-	\$ -0-	-0-	\$ -0-		х
DC		х		-0-	\$ -0-	-0-	\$ -0-		х
FL		х		-0-	\$ -0-	-0-	\$ -0-		х
GA		х	\$494,607 of Units consisting of Notes, Guarantees and Warrants	1	\$494,607	-0-	\$ -0-		х
ні		х		-0-	\$ -0-	-0-	\$ -0-		х
Ю		х		-0-	\$ -0-	-0-	\$ -0-		X
IL.		х		-0-	\$ -0-	-0-	\$ -0-		X
IN		х		-0-	\$ -0-	-0-	\$ -0-		х
IA		x		-0-	\$ -0-	-0-	\$ -0-		х
<u> </u>	<u> </u>	<u> </u>					<u> </u>		<u>[</u>

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	non-ac inves St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased n State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No			
KS		Х		-0-	\$ -0-	-0-	\$ -0-		Х			
KY		Х		-0-	\$ -0-	-0-	\$ -0-		х			
LA		х		-0-	\$ -0-	-0-	\$ -0-		x			
МА		х		-0-	\$ -0-	-0-	\$ -0-		х			
MD		х		-0-	\$ -0-	-0-	\$ -0-		х			
MI		X		-0-	\$ -0-	-0-	\$ -0-		х			
MN		X.		-0-	\$ -0-	-0-	\$ -0-		X			
MS		х		-0-	\$ -0-	-0-	\$ -0-		х			
мо		х		-0-	\$ -0-	-0-	\$ -0-		x			
MT		х		-0-	\$ -0-	-0-	\$ -0-		x			
NE	-	X	·	-0-	\$ -0-	-0-	\$ -0-	ļ	Х			
NV		x	·	-0-	\$ -0-	-0-	\$ -0-		х			
NH		х		-0-	\$ -0-	-0-	\$ -0-		х			
NJ		х		-0-	\$ -0-	-0-	\$ -0-		х			
NM		х		-0-	\$ -0-	-0-	\$ -0-	-	Х			
NY		х	\$1766,453 of Units consisting of Notes, Guarantees and Warrants	1	\$1,766,453	-0-	\$ -0-		x			
NC		х		-0-	\$ -0-	-0-	\$ -0-		Х			
<u>.                                    </u>	<u>L</u>				<u> </u>							

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	non-ac inves St	to sell to credited tors in tate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased n State (Part C-Item 2)					State UL attach exp waiver	cation under OE (if yes, lanation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	A	mount	Number of Non- Accredited Investors		Amount	Yes	No
ND		Х		-0-	\$	-0-	-0-	\$	-0-		X
ОН		х		-0-	\$	-0-	-0-	\$	-0-		х
ок		х		-0-	\$	-0-	-0-	\$	-0-		х
OR		х		-0-	\$	-0-	-0-	\$	-0-		х
PA		х	\$4,946,068 of Units consisting of Notes, Guarantees and Warrants	6	\$4,94	6,068	-0-	\$	-0- '		х
RI		х		-0-	\$	-0-	-0-	\$	-0-		х
sc		х		-0-	\$	-0-	-0-	\$	-0-		х
SD		х		-0-	\$	-0-	-0-	\$	-0-		x
TN		х		-0-	\$	-0-	-0-	\$	-0-		х
TX		х		-0-	\$	-0-	-0-	\$	-0-		х
UT		х		-0-	\$	-0-	-0-	\$	-0-		х
VT		х		-0-	\$	-0-	-0-	\$	-0-		х
VA		x		-0-	\$	-0-	-0-	\$	-0-		х
WA		x	\$662,420 of Units consisting of Notes, Guarantees and Warrants	2	\$662,	420	-0-	\$	-0-		х
wv		х		-0-	\$	-0-	-0-	\$	-0-		Х
WI		х		-0-	\$	-0-	-0-	\$	-0-		X
WY		х		-0-	\$	-0-	-0-	\$	-0-		х

1		2	3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased n State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	· No
PR		x	·	-0-	\$ -0-	-0-	\$ -0-		х

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## PREAMBLE TO JOINT FORM D OF UBIQUITEL INC., UBIQUITEL OPERATING COMPANY, VIA HOLDING INC., VIA WIRELESS LLC AND VIA BUILDING, LLC

This Preamble to the attached Joint Form D of UbiquiTel Inc., a Delaware corporation (the "Company"), the Company's wholly-owned subsidiary UbiquiTel Operating Company, a Delaware corporation ("Operating Company"), and Operating Company's wholly-owned subsidiaries VIA Holding Inc., a California corporation ("VIA Holding"), VIA Wireless LLC, a California limited liability company ("VIA Wireless"), and VIA Building, LLC, a Nevada limited liability company ("VIA Building" and together with the Company, VIA Holding and VIA Wireless, the "Guarantors"), is hereby made a part of such Joint Form D as if fully set forth therein. The Company, through its management agreement between Operating Company and Sprint PCS, is the exclusive provider of Sprint PCS digital wireless personal communications services to markets in the western and midwestern United States. The Company and Operating Company and the other Guarantors are filing this Joint Form D in connection with a February 26, 2003 private placement of Units consisting of \$12,848,000 aggregate principal amount of Operating Company's Series B Senior Discount Notes due 2008 (the "Notes") and the Guaranters' guarantees thereof (the "Guarantees") and an aggregate of 9,636,000 detachable warrants of the Company (the "Warrants") to purchase up to 9,636,000 shares of the Company's common stock. The net proceeds from the private placement were used to fund the cash portion of Operating Company's and the Guarantors' concurrent private placement exchange offer of \$48,200,000 aggregate principal amount of Operating Company's new 14% Senior Discount Notes due 2010 and the Guarantors' guarantees thereof and \$9,636,000 in cash for \$192,700,000 aggregate principal amount of Operating Company's existing 14% Senior Subordinated Discount Notes due 2010 and the Guarantors' guarantees thereof.

The Company, Operating Company and the Guarantors have completed the attached Joint Form D on a joint basis, except for Part A thereof which they have completed on an individual basis, as applicable.

